

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567,832

FILING DATE

2-10-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1-				
3		1-				
4		1-				
5		1-				
6		1-				
7		1-				
8		1-				
9		1-				
10		1-				
11		1-				
12		1-				
13		1-				
14		1-				
15	1					
16		1-				
17		1-				
18		1-				
19		1-				
20	1					
21		1-				
22		2				
23		2				
24		2				
25	1					
26	1					
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49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	24	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						